

BUILDING BUREAU PLAN REVIEW APPLICATION



Division of Building Safety
1090 East Watertower Street
Meridian, ID 83642
Phone: 208.334.3896 / Fax: 208.855.9399

Building Bureau Use Only

P.A.#: _____
Initial Plan Review Fee: \$ _____
Date Received: _____
Receipt #: _____

Applicable codes:

2003 IBC; 2003 IMC; 2003 IFGC; 2003 IECC; 2003 IRC (Excluding IRC parts VII & VIII); 2005 NEC; 2003 UPC

1. Application must include: five complete copies (3 for schools) of the plans and specifications; one copy of the structural calculations and the energy code compliance documents. Two sets of plans (1 for schools) needs to be full size, the others may be 1/2 size. All submittal documents must be signed by an Idaho licensed architect, except applicable sheets signed by an Idaho licensed engineer responsible for the design of the civil, structural, mechanical or electrical system.
2. Project Owner: _____ Phone: _____
(School District, State Agency or Others)
3. Project Location: _____
(Address, Building Name)
4. Budgeted Project Valuation: \$ _____
5. Architect or Engineer: _____ Phone: _____
Email: _____ Fax: _____
6. Project Description: _____

7. Scope of Drawings:
Building ☐ - Plumbing ☐ - Electrical ☐ - HVAC ☐ - Elevator/Lift ☐ - Boiler ☐ (check all that apply ☒)
8. Building Uses: New _____
Existing _____
9. Type of Construction: New - I-A ☐ - I-B ☐ - II-A ☐ - II-B ☐ - III-A ☐ - III-B ☐ - IV ☐ - V-A ☐ - V-B ☐
Existing: - I-A ☐ - I-B ☐ - II-A ☐ - II-B ☐ - III-A ☐ - III-B ☐ - IV ☐ - V-A ☐ - V-B ☐ (check all that apply ☒)
10. Fire walls (Areas Separation Walls): New - YES ☐, NO ☐ Existing - YES ☐, NO ☐
11. Number of Stories: New _____ Existing _____ Basement YES ☐, NO ☐ if yes Area _____ s.f.
12. Building Area: New _____ s.f. - Existing _____ s.f. (exclude basement area)
13. Fire Sprinkler System Throughout: New - YES ☐, NO ☐, Existing - YES ☐, NO ☐
14. The fire sprinkler system is for: fire flow reduction ☐ - allowable area increase ☐ - allowable story increase ☐
1 hr fire rated construction substitution ☐ - Other _____
15. Partial Fire Sprinkler System YES ☐, NO ☐ - Reason _____
16. Agency Requesting Plan Review: _____
17. Local Government, name of city (or county) the site is located in: _____
18. Applicants Name: _____ Date: _____ Phone: _____
(Printed)

Signature